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### August 18, 2005

To: Assistant Commissioner for Patents	From: Cristene Amador Senior Patent Assistant 818/493-3103		
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221		
Telecopier: 571/273-2885	Telecopier: 818/362-4795		
RE: Payment of ISSUE FEE Applic. No. 10/016,225 Filed: 10/19/2001 Docket No. A01P1068	Number of pages being sent:  2 (including cover page)		

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SYLMAR, CA 91392-9221 08/22/2005 HDENESS2 00000008 160068 10016225			I hereby certify that this Fec(s) Transmittal is being dep States Postal Service with sufficient postage for first cla addressed to the Mail Stop ISSUE FEE address aboveransmitted to the USPTO (703) 746-4000, on the date in Cristere Amador		(Depositor's name)			
01 FC:1501					M HON	· Consecution	(Signature)	
02 FC:8001	6.00 DA				05	118/05	(Duz-)	
ſ	APPLICATION NO.	FILING DATE	. Т	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
_	10/016,225	10/19/2001		Jeffery	D. Snell	A01P1068	3020	
TITLE OF INVENTION: METHOD AND APPARATUS TO BACKUP, UPDATE AND SHARE DATA AMONG IMPLANTABLE CARDIAC STIMULATION DEVICE PROGRAMMERS								
. [	APPLN. TYPE	SMALL ENTITY	ISSUE PE	DE	PUBLICATION FEE	TOTAL FEE(5) DUE	DATE DUE	
	nonprovisional	NO	\$1400		\$0	\$1400	0B/19/2005	
	EXAM	INER	ART UNI	T	CLASS-SUBCLASS	]		
	SCHAETZLE	E, KENNEDY	3762		607-030000			
	1. Change of correspondence address or indication of "Fee Ar CFR 1.363).  Change of correspondence address (or Change of Corred Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PROFESSIONAL CONTROL OF THE P		Correspondence ation form e of a Customer	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and PACESETTER, INC.					·	15900 Valley View Court Sylmar, CA 91392-9221		
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5	5. Change in Entity Status (from status indicated above)							
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	Authorized Signature	Der	r les-			8/18/05		
	Typed or printed name	Derrick Re	ed		Registratio	na No	,138	
	This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includingless. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, about to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

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